Indiana State Department of Health

NAME OF PROVIDER OR SUPPLIER BERKSHIRE OF CASTLETON SITEETADDRESS. CITY, STATE, ZIP CODE ### ABUILDING PROVIDER OR SUPPLIER ### BABO CRAIG ST INDIANAPOLIS, IN 46250 CALL ID PROVIDER OR SUPPLIER SABO CRAIG ST INDIANAPOLIS, IN 46250 CALL ID PROVIDER OR SUPPLIER SABO CRAIG ST INDIANAPOLIS, IN 46250 CALL ID PROVIDER OR SUPPLIER SABO CRAIG ST INDIANAPOLIS, IN 46250 CALL ID PROVIDER SPLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD BE COMPLETE TAGE OF CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAGE OF CROSS-REFERENCED TO THE APPROPRIATE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIAT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER BERKSHITE OF CASTLETON (X4) ID					A. BUILDING: _			
BERKSHIRE OF CASTLETON A			009894		B. WING			
INDIANAPOLIS, IN 46250 (A4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (R 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on April 30, 2013. Survey dates: June 20 & 21, 2013 Facility number: 009894 Provider number: N/A AlM number: N/A Survey team: Michelle Carter, RN Census bed type: Residential: 132 Total: 132 Census payor type: Other: 132 Total: 132 Sample: 10 Berkshire of Castleton was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey. Quality Review was completed by Tammy Alley	NAME OF PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
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Indiana State Department of Health

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE